

Woodruff Elementary School
SCHOOL USE ONLY

Documents on File:

_____ *Proof of Residency* _____ *Birth Certificate* _____ *SC Immunization*
_____ *Technology Agreement* _____ *Picture Publication Permission*
_____ *Special Education (Resource, Self-Contained, Speech, Hearing, Gifted/Talented)*

TEACHER'S NAME: _____ **DATE:** _____

STUDENT INFORMATION:

FULL NAME: _____ **GRADE:** _____

NAME CALLED: _____ **GENDER:** _____ Male _____ Female

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

P.O. BOX (If Applicable): _____

City: _____ **State:** _____ **Zip:** _____

GUARDIANSHIP OF STUDENT:

NAME: _____ **HOME PHONE:** _____

IF APPLICABLE: _____ **CUSTODY PAPERWORK ON FILE IN OFFICE**

(Please circle one)

FATHER/STEPFATHER/GUARDIAN (WITH WHOM CHILD LIVES):

NAME: _____ **HOME PHONE:** _____

PLACE OF EMPLOYMENT: _____ **WORK PHONE:** _____

(Please circle one)

MOTHER/STEPMOTHER/GUARDIAN (WITH WHOM CHILD LIVES):

NAME: _____ **HOME PHONE:** _____

PLACE OF EMPLOYMENT: _____ **WORK PHONE:** _____

IS THE STUDENT HISPANIC OR LATINO? _____ **YES** _____ **NO**

STUDENT'S RACE? _____ African American _____ American Indian or Alaska Native
_____ Asian _____ Hawaiian or Pacific Islander _____ White

STUDENT HEALTH: (Does the child have a health problem that will impact regular attendance in school?)

YES _____ NO _____ **If yes, please describe:** _____

OTHER SPECIAL HEALTH CONDITIONS (Allergies to foods, reactions to bee stings, etc.)

YES _____ NO _____ **If yes, please describe:** _____

MEDICAL CARE PROVIDER: (List the source the family generally uses for their medical care)

FAMILY PHYSICIAN: _____ DENTIST: _____

IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY OR ILLNESS, PLEASE NOTIFY:

NAME	RELATIONSHIP	TELEPHONE #
1. _____	_____	_____
2. _____	_____	_____

LIST ALL OTHER CHILDREN IN FAMILY:

NAME	AGE	GRADE	SCHOOL ATTENDING
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

METHOD OF TRANSPORTATION: (How child will be transported)

_____ BUS NUMBER _____ CAR _____ NURSERY VAN _____ OTHER _____

My child and I are legal residents of Spartanburg District Four.

PROOF OF RESIDENCY: (Must provide one)

_____ Tax Receipt _____ Lease/Rental Agreement _____ Mortgage Agreement

I attest that all information provided on this form is true and accurate.

Parent/Guardian Signature

Date